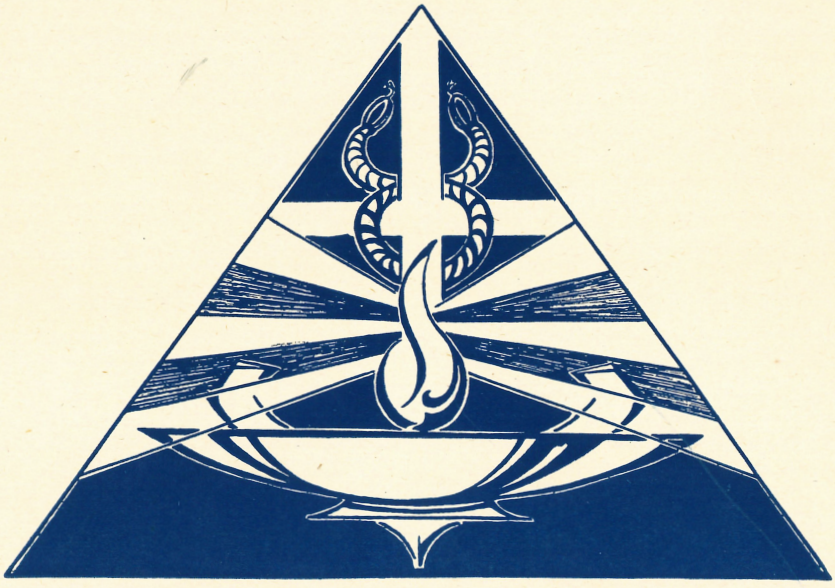
THE MEDICAL MISSIONARY



VOL. XIV JANUARY, 1940 NO. 1

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THE
MEDICAL MISSIONARY
WASHINGTON, D. C.

DR. ANNA DENGEL
Editor

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ACROSS THE PAGES. . . .

STANLEY B. JAMES sends his "brief note," as he calls it, on Luke, the Physician, from England. A convert, and a former Anglican minister, he has written several articles along the line of "biology and religion"—it is a hobby.

FATHER O'CONNOR, confrere of "Colum" and "Nanky Poo," and editor of *The Far East,* writes on the January Mission Intention, "For Christians in the Missions Who Are Separated from the True Church"

SISTER LEONORA sends us a brief outline of the missionary work of the Sisters Servants of the Holy Ghost, on the occasion of their Golden Jubilee.

DOCTOR DIEDRICK, a mission doctor from the Wurzburg Institute, "sees double"—she observes not only with the eye of the traveler, but also of the medical missionary.

SISTER HELEN, having finished her journey to the Holy Land, has dipped into her kit once more, to bring out a story from India.

Walls Are Only Single Stones—United!

When the builder of the Great Wall of China was asked how he had accomplished this remarkable feat, he replied, "The wall is but a mass of trifling stones set one upon the other."

Whether it be in China, 214 B.C., or in Philadelphia, 1940 A.D., whether wall or a skyscraper, it is still but a mass of tiny particles, by themselves, insignificant. Yet, assembled in a definite pattern, they assume both importance and usefulness. The realization of this fact instills a great respect for the infinitesimal constituents, and at the same time demonstrates that they only amount to something when they are combined in a purposeful way.

This visualising of *a whole* which is made up of little parts is like a magic wand which converts castles in the air into skyscrapers of steel and stone, and which makes the seemingly impossible, possible.

If a clever, energetic young man were to be forced to build a skyscraper all by himself, he would probably only put his head in his hands and grow despondent before he dug the first shovelful of earth. But divide up the labor between architects, contractors and workmen; then there is hustle and bustle, and in a reasonable time the building is completed.

But to come to the point—we all know that there are millions of human beings in non-Christian lands who, in the words of the late Holy Father, are the poorest of the poor, because they are deprived of the true faith. For the most part they are poor also in the goods of this world—education, food, clothing, housing and medical care. Archbishop Zanin, the Apostolic Delegate to China, put it very clearly when he said, "In the non-Christian lands the spiritual and corporal misery are inestimably greater than anywhere else in the world. You (addressing the Bishops in China) are daily witnesses to the misery, the extremely high infant mortality, the lamentable hygienic conditions, the infirmities and diseases of all kinds which weigh on this people and which they can neither prevent nor cure. All this put together causes in many places an unbelievable accumulation of suffering which the untiring charity of the Church desires to alleviate. . . ."

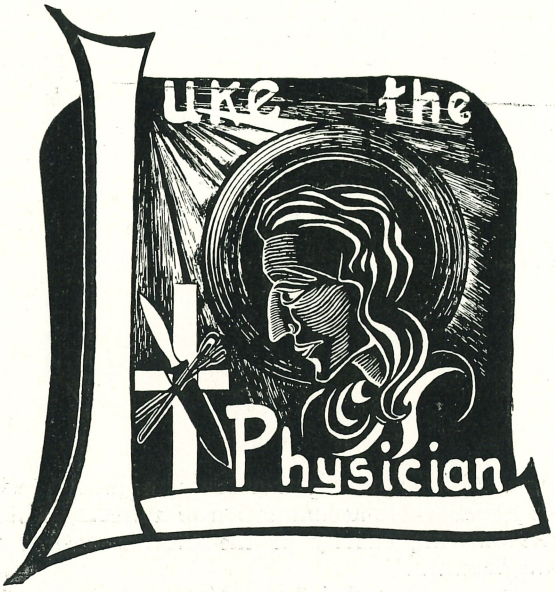
Yes, the Church being a Mother desires to alleviate. The task, however, is so great that it seems hopeless to begin it. As a matter of fact, its very magnitude is cited to demonstrate the futility of trying—mostly, however, by the unthinking who have not realized that billions are made up of individuals, and that to lift even a fraction of the burden is to make a vital contribution to the raising of the whole. The solution to the problem lies in adopting tactics similar to those used in building the Great Wall of China. Brick by brick it went up. So, too, in the Missions one by one Catholic hospitals, dispensaries, leper asylums, maternity and child-welfare centers, medical schools and schools of nursing are being established. And each in its turn becomes one of the units in the great bulwark of Christian charity in the foreign missions. Each unit, too, is made up of parts. Each represents the sum total of sacrifice added to sacrifice, prayer added to prayer, and toil supplemented by toil.

That there may be more of these necessary units, more Catholics are needed to add their bit to make *the whole*. Many are willing; they only need to be told of the great necessity. But—how shall they hear, if no one tells them?

There is a way to spread this cause. THE MEDICAL MISSIONARY is published with that purpose in mind—to acquaint others with the need for Medical Mission Work, and to inform them of the progress already made in that field.

Every subscriber to THE MEDICAL MISSIONARY is, therefore, a brick in that great wall of Christ-like charity we Catholics are building. Every brick that drops out leaves a gap which slows down the work; every new subscription, on the other hand hastens and helps it.

What more can we do than to invite you to be a builder of this bulwark which will make our Faith known, loved and admired by charity to the sick and suffering?



By

STANLEY B. JAMES

Medical Science is not the water-tight study it once was. The bearing on it of psychology and even of philosophy is now recognized, as also the contributions which it can make to these branches of learning. May it not also establish relations with the Queen of Sciences?

What follows is no more than a suggestion. On such a subject it would be foolish to dogmatize. Yet, as the suggestion has not been, so far as I know, made before, and as it throws an interesting light on an important aspect of Christian truth, it seems worth while giving it expression. It consists, briefly, in bringing together two facts and allowing their conjunction to speak for itself.

The first fact is this: throughout St. Paul's later Epistles there runs a constant reference to the body as illustrative of the Church's character. The Apostle uses this figure of speech in order to make clear the nature of the relationship between Christ, as the Head of the Body, and the members. It is by this means that he is able to emphasize the inner or mystical character of the Christian community, which, according to him, is no mere ecclesiastical organization, but a living entity, the several parts of which are intimately related to each other in and through the bond supplied by the Head. This thought occurs and is elaborated at length especially in those Epistles which were written during his captivity in Rome. It is particularly marked in Ephesians and Colossians. The fruitfulness of this conception of the Church will not be questioned. Just at present it is coming to dominate Catholic thought.

Without in any way minimizing the fact that the Apostle wrote under the guidance of the Holy Ghost, we may legitimately inquire whether there were any circumstances which, humanly speaking, directed the writer's mind in this channel. Was there anything in his environment which made it easier to use such terms?

There is one answer to that query the correctness of which seems fairly certain. The language used by St. Paul in describing the organic character of the Church is very similar to that employed in the Stoic philosophy with regard to human society generally. He himself recognized that fact by quoting a poet of this school to the effect that in God we "live and move and have our being." No doubt it was partly with the idea of establishing a point of contact between Christianity and a powerful movement of contemporary philosophy that he adopted the idea and gave it a prominent place in his teaching. Ideas of this kind were, as we say, "in the air," and so sensitive a mind as his could not escape their influence. Moreover they were useful in interpreting what otherwise might have been, for his pagan hearers, obscure.

But I am inclined to think that there was another factor. This is the second of the two things which, being brought together, have occasioned this brief note. We know that, during the latter part of his ministry and during the period when he was writing the Epistles mentioned, St. Paul was in constant and intimate association with the companion whom he calls, "Luke, the most dear physician." Now, it does not seem a far-fetched idea if we imagine that this friend, with whom St. Paul must have conversed under all conceivable conditions and concerning the deepest and holiest themes, allowed his mind, when contemplating the mysteries of the Faith, to run in professional channels. We can see this in ordinary life. The seaman uses the language of the sea, even when not speaking of nautical matters. The lawyer, in ordinary conversation, adopts the technical terms of the law. What more natural therefore if St. Luke, when speaking of these profound matters so dear both to him and to the Apostle, should inadvertently slip into modes of thought related to that physical organism with which it was his business to deal? For such as he to speak of Christ as "the Head of the Body" and of us as His "members" would be what one might expect. And if this habit coincided with the terms used by the Stoics, the probability that he did adopt language of this sort is increased.

Contemplating the two facts mentioned, there-

fore, and bringing them into relation with one another, we arrive at the conclusion that St. Luke the physician may have had a formative influence in suggesting this most fertile parallel between the natural and supernatural body which is so central to the later thought of the great apostolic theologian.

If that conclusion seems probable or, at least, possible, it indicates a service which those associated with the medical profession may render Catholic Truth apart from and in addition to those ways in which they have already proved useful. In their championship of Catholic ethics, particularly with regard to matters connected with marriage and family life, they are constantly proving the value of their technical knowledge and professional authority. But may they not also throw light on the deeper mysteries of theology? Let them attempt to reconceive those mysteries in terms of their own studies and experience, and the results may be found to offer most valuable hints to the theologian, and provide a fresh and vital way of presenting the truth to the ordinary layman for whom the technical language of theology is often incomprehensible. In particular would it be helpful at the present time if we could have a treatment of the Mysical Body from the standpoint of the biological student and practical medical man.

Medical Science is not the water-tight study it once was. The bearing on it of psychology and even of philosophy is now recognized, as also the contributions which it can make to these branches of learning. May it not also establish relations with the Queen of Sciences?

Jubilee

By

SISTER LEONORA, S.Sp.S.

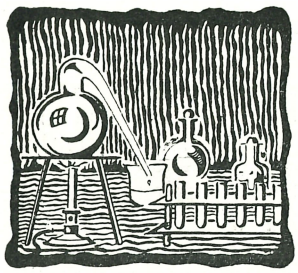
A resume of fifty years of service of the Missionary Sisters Servants of the Holy Ghost.

On December 8th, the Missionary Sisters Servants of the Holy Ghost celebrated the Golden Jubilee of their congregation. Five decades ago this new mission congregation was founded by Father Arnold Janssen, S.V.D., in Steyl, Holland, around the nucleus of a few noble-minded women banded together by Hellen Stollenwerk and Hendrina Stenmans (later Mother Maria and Mother Josepha, the first Superiors of the Community). Neither he nor they realized that this work would so rapidly increase and that the grain of mustard seed would soon grow into a mighty tree. The congregation now numbers more than 3,000 members, who are engaged in missionary enterprises in most of the important countries of the world, with novitiates in the United States, Europe, South America, China, Japan, and the Philippine Islands. The Generalate, under the present Reverend Mother General Regis, S.Sp.S., is located in Rome.

It was in 1901 that the Servants of the Holy Ghost began their activities in the United States. Holy Ghost Convent, Techny, Illinois, is the Provincial Motherhouse as well as the novitiate and candidature for American girls who wish to become missionary Sisters. In addition to the foreign missions, ample opportunities for exercising missionary zeal are open to the Sisters here in our own country. The first school for the Colored was opened in 1904 in Vicksburg, Mississippi. The work among the neglected Negro population of the South has progressed, and today the Sisters conduct eight elementary and seven high schools in Mississippi and Arkansas. Other activities in the United States include three homes for the aged, three hospitals with a training school for nurses, a home for girls, lay retreats, and catechetical work.

The following figures give an idea of the work done by the Sisters in the foreign missions during the past year: 20,072 children, including orphans, were instructed in the elementary grades, and 4,279 students in higher schools; 22,636 persons were prepared for the sacraments; 37,203 home visits were made; 77,876 patients were cared for in 48 hospitals; 844,757 cases were treated in 89 dispensaries; 96 lepers were cared for; 2,490 retreatants attended the spiritual exercises; and 6,242 children and 3,029 adults were baptized in danger of death.

We extend the Sisters Servants of the Holy Ghost, our most heartfelt congratulations and wish them continued abundant blessings for themselves and those confided to their care in all parts of the world.



Hospital Lab

By

"A MEDICAL MISSIONARY IN THE MAKING"

Wouldn't you like to see *how* and *where* and *why* that little charge for "Lab Fee" is put on your hospital bill? Then just step right over to the column to the left, where the "Medical Missionary in the Making" is waiting to take you on a personally conducted tour!

Good morning! How do you do? Please do come in and sit down. Excuse me while I clear off this table and—— I hope you won't mind sitting on this tall stool. We don't have much use for chairs. If the smells get too much for you, just tell me, and I'll gladly open another window.

Where are you? Why, don't you know? You're in the laboratory which is tucked away in a corner of the basement of that fine big hospital you pass on your way to market or to work. I must apologize for the way it looks. It's not *really* dirty or untidy—it just looks that way, especially to a stranger. You know, like a middle-sized kitchen before the Thanksgiving dinner is served! What is this on my desk? You mean this long glass cylinder with the little stop-cock and the markings on it? It's what we call a "burette." We use it to measure the amount of a liquid accurately. You're surprised at all the flasks of different sizes and shapes? But, of course we use them all. Does your pantry have only one kind of pan for cooking?

Yes, aren't the rabbits pretty. No, they don't seem to mind that the cage is so cramped. I think the guinea pigs fit in them better myself. They are much smaller animals. In their way, they're just as nice as the rabbits. It is very fortunate that they are so gentle and quiet. It would be hard to use them for experimenting if they weren't.

Over by the far wall is the small sterilizing machine which we use for our bacteriological work. That oven-like container is our incubator. It is kept at constant temperature. Would you like to look inside? We grow our bacteria in there—you know they're sensitive little creatures when you take them from their usual homes. In each of these test tubes we're growing, or trying to grow, different kinds of bacteria.

On this shelf are some suspected diptheria slants—we call them slants because the jelly-like material in the tube has a slanting surface. That way we can grow more than if the surface were flat. Would you like to see one close up? Don't draw back. It won't hurt you. The cotton plug in the tube keeps the germs we're growing, inside the tube, and those in the air which we don't want, outside. We'll put a few under the microscope for you later on and let you have a look. They'll be quite dead on the slide, so you needn't worry.

But perhaps you'd like to watch the routine of the day. First let me put on my lab coat. It's full of holes but somehow it seems to do the trick. Why don't I get a new coat? Well, first of all, it wouldn't feel right. I'd be sort of all dressed up and no place to go. Anyway before long it would be stained just as badly as this one and be just as ragged looking. No, thank you. I'll wear this one a while longer. Somehow it really belongs to a lab when it's patched and torn and stained. Someone once compared a lab to a garage. There's something in the idea, don't you think so?

Here comes Miss Burns, one of the night nurses. There will be more of them along soon. They bring me specimens from the patients who are to be operated on. I run a urinalysis for certain things. You know, the doctor likes to have a last check-up on his patient before he operates. What's that you say, Miss Burns? Young Bob is having his ear operated on this morning? Certainly, we'll see that the report goes up promptly. That's Bobby from Ward 12, isn't it? I saw him when he was admitted. He's a pretty sick little boy. Oh, and I see you've got the famous debutante's sample, too. So she's having her appendix out finally. That will make interesting reading for someone in the newspapers. I must get started. Things will begin to pile up unless I get busy.

What am I analyzing for? We determine the presence of albumin, sugar, and acetone in the specimens. Why? Well, that's a rather long story. Briefly, it gives the doctor information about the kidneys and heart. Then, too, the presence of various metabolic disorders, such as diabetes, are shown up by the determination. It's very useful, but just a regular routine of the hospital.

I'd like you to meet Miss Clarke, who has just come in. She's our lab technician. While we've been running chemical analyses down here, she's been upstairs collecting samples of blood from each of these patients—oh, not much of a sample. Only a few drops from the fingertip. She dilutes it exactly before she works with it, so it takes very little for the blood count. Of course, the

amount we need depends on what test we're going to make on the blood. These samples were taken for a "blood count." The "blood count" is just the determination of the number of red blood cells and white blood cells per cubic millimeter of blood. What good is it? It's like the urinalysis. It's information for the doctor about his patient. Little Bobby now may have less than the normal number of red blood cells. Normally, the human blood has about five million red blood cells per cubic millimeter, but in cases of hemorrhage, or of severe infection, malnutrition, cancer, various diseases of the blood or bone marrow, the number decreases.

The white blood cells can vary, too. Healthy folks have between six and eight thousand white cells per cubic millimeter. There is a great increase in their number in cases of acute inflammation, such as appendicitis. Our debutante will have a high count. What's that Miss Clarke? She has a count of eighteen thousand? Mm, it looks as though she's in for an acute appendix. Surely, there are other diseases which increase the count—pneumonia or peritonitis. We can't tell down here what the patient has unless we're told. I just happen to have heard about Bobby and Miss Debutante. The doctor makes the diagnosis, you know. Oh, yes, if we have time, we hazard a guess sometimes. It's like betting on the horses, except we've a better chance. Of course the white blood cells can decrease just as the red ones do. Measles is a common disease which causes that. Typhoid fever will do the same thing. So will tuberculosis. Indeed, we do learn a lot from a blood count. There are other blood tests, too, but I can't go into them just now, because here's Miss Lawton from the Accident Ward. Excuse me a moment, please.

Yes, Miss Lawton? Order for "blood sugar stat (immediately)"? O.K. Be right with you as soon as I get my kit and a clean coat. When we're on parade, we hang up our lab coat and put on a nice white starched one—I told you it's like a garage. But the trade is still on my fingers, regardless of the coat. That's not excessive cigarette stain—it's nitric acid. Oh, it wears off in time. If you'll excuse me?—I'll see you in a few minutes.

Didn't keep you waiting too long, I hope? What was it? Why, a Mr. Johnson collapsed in his room in the boarding house around the corner and the landlady got scared and called the hospital, so they brought him in. The Doc thinks its "diabetic coma" but he wants the lab report on the amount of sugar in the blood to confirm the diagnosis. He'll know for sure now inside of fifteen minutes—it takes about that long to determine the sugar in a sample of blood.

You don't mind if I hum a little tune? This is quite the happiest place in the hospital, I think. When you once get used to the odors, it's really a grand corner to be in, and soon it begins to smell like home.

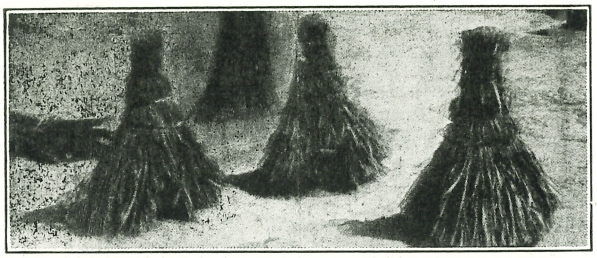
Sure enough, Doc's right. This blood has six hundred and fifty milligrams of sugar per hundred cubic centimeters of blood. How much does it run normally? It varies. Usually it's between eighty and one hundred twenty milligrams per hundred cubic centimeters. I ran one analysis where the patient had a thousand milligrams per hundred cubic centimeters. But he was very sick. We'll send this right up so things can get started there. What will happen? He'll get insulin first of all and then the long grind of diet and care will start.

Well, well, here's little Miss McCarthy. How are the babes in your section? She's from the Pediatrics floor, where the children are. What's doing up there among your kiddies? Little Sally is scheduled for a transfusion? Poor kid. She's one of the sweetest little things—blonde curly hair and a little dimple in her chin—just four years old. Has a bad infection. Her dad is a bricklayer who's been out of work for a long time. They've been on relief lately, but Sally is very undernourished, which makes it hard for her. Her poor dad—he's crazy about the youngster. His wife's dead and he fairly idolizes Sally. Sure, send him in. I'll type Sally's blood meanwhile and then when he comes we'll see if the two will match.

Yes, indeed, people's blood differs. There are four large groups, and when we have to do a transfusion we first type the patient's blood; that is, we determine in what group it belongs. Then we find someone who belongs to the same group to give the blood. It's very important that the blood be the same. Years ago people died when a strange blood was given them. Occasionally, too, it happened that even if the groups were alike the patient reacted badly. That doesn't happen any more because we mix the two bloods under the microscope—the cross-agglutination test—before we do the actual transfusion. Apparently there are sub-groups within the four main groups. If, when the two samples are mixed, the blood cells lie together in a nice orderly way, then everything will be all right, but if they clump or bunch together, then we have to find someone else to give the blood. We'll type Sally's blood this morning and when her father comes in we'll see if he will do.

What's that? What's in those jars on the table across the way? Come over and have a look. They are specimens of various organs. This one in front is an appendix. The jar next to it contains a gall bladder. Oh yes, there are quite a lot here. You see, every time the doctors remove a tumor or an appendix or any other organ they send it down here. This instrument is what we call a microtome. It makes fine sections which

(*Continued on page* 15)



"Spirit huts" of straw, which indicate many deaths in the vicinity, presumably of sleeping sickness.

Land of Palms and Flies and Fetish!

By

WILHELMINA DIEDRICK, M.D.

An exploratory trip in the country between Togo and the Cameroon, Nigeria. From the Wurzburg Yearbook, 1939.

Traveling by boat upstream on one of the many tributaries of the Nile, one sees nothing but marshy jungle on both sides, with here and there a poor native hut peeping out of the dense undergrowth. The tenants, descendants of a people driven to this spot from the fertile north in centuries past, now live by fishing: The catch is dried and what is not eaten, is sold.

With scenery so monotonous, it was no wonder that we were glad to reach Port Harcourt. Here we found houses that were like home—nicely built structures surrounded by lawns and flowering shrubs. At least such was the case in the European quarters. The native section consisted of a mixture of "modern" cement huts and thatched mud houses. But our destination was the interior. A car was awaiting our party, and off we went.

The route was pleasant enough. We passed through a rolling country that is traversed by innumerable little rivers, canals and marshes. There were palms everywhere—they are the wealth of southern Nigeria. A wild tree will yield ten pounds of oil, while the cultivated variety will give at least twice that amount. We were constantly meeting natives pedaling along on bicycles, with containers of oil. Everything of the palm is used—the mass which remains after the oil has been pressed out serves as fodder; the hard shell provides a fairly substantial foundation for roads, and the leaves are used for roofs and umbrellas.

It was only after a journey of about 160 miles, that we came to a great, grassy plateau, approximately 2,000 feet high, part of it flecked with sparse patches of wood. To the north a winding expanse of sand tapered into the Sahara. It is not an especially inviting spot, yet tin in the region of Jos makes the country important from an economic standpoint.

The Nigerian climate is not healthy for Europeans, even on the plateau. In the north the dry season begins in October and ends in April; in the south, it is shorter. For about two months the great table land is swept by the *Hamattan*, a dry northeast wind which brings in a veritable blanket of Sahara dust. During this time, the days are very hot, the nights and early mornings cold. It is the season of the greatest difference of temperatures, a difference which increases with the distance from the coast.

January, February and March are dry and pleasant. Then comes the rainy season, with frequent tornadoes. Before the onset of a "twister," the heat is very oppressive. The tornado itself does not last long—but the accompanying thunderstorm and pelting rain may continue for a solid hour.

As we penetrated deeper into the country, we could not help remarking the great physical differences between the inhabitants of the several parts of Nigeria, and even between the tribes, who speak different languages. On account of its geographic position, Nigeria was early exposed to foreign influences. Excavations from the stone and metal ages point to a cultural influence of the Egyptian civilization in the east and north. At the time of Mohammed, there is said to have been a migration of Arabians which would explain the population of today—a mixture of central African negroes with light colored north Africans.

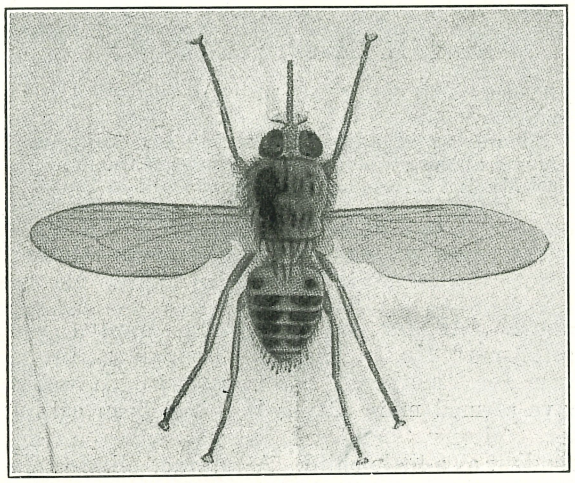
When palm oil prices are good, everything is well; when not, the natives (Ibos) are obliged to cultivate their own food—corn, yam, cocoa-yam and cassava, all roots with high starch contents. They also grow bananas, cocoanuts, beans, oranges, lemons and onions. In the north, cattle raising is of great economic importance, but in the lower provinces of the south, tsetse flies make such an industry practically impossible. Adequate substitutes are found, however, in goats, sheep, pigs and chickens, and a small species of cattle, which resists the tsetse fly.

Fishing is very popular. Hunting is not profitable in the more densely populated parts, though occasionally antelopes, buffaloes, leopards and other wild animals are found near Lake Chad. In the far northeast of the country there are still elephants, and in the mountain woods, there are monkeys, in abundance,

including gorillas and chimpanzees. The rivers harbor crocodiles and some hippopotamuses.

In the daily menu, meat plays no part—only on the occasion of feasts is it present, and then enormous quantities are consumed. (Some explorers say that in the south there are still cannibals, and explain their propensity for human flesh as craving for protein.)

The art of the natives is varied; it includes carving, working in leather and metal, and also weaving, dying and pottery, basket and mat making.



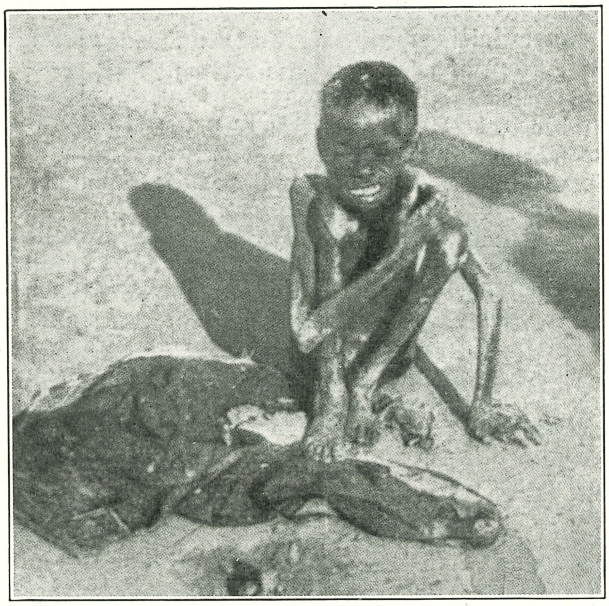
***Glossina palpalis*, carrier of sleeping sickness.**

Much is being done for the health of the natives. Smallpox epidemics have been considerably lessened in the south by vaccination, to which the people submit voluntarily. In the north, the governor still has to compel it occasionally. In the district where sleeping sickness is endemic, well trained negroes attend to treatment and prevention, under supervision of Europeans. During the last few years, systematic examinations have been made for leprosy. In southern Nigeria, 5 per cent of the population is infected; in the northern provinces, the lack of cooperation and interest of the Mohammedans proved an obstacle to research. There is no coercion of treatment, through there are a number of leper colonies, some of them conducted by mission societies which receive government grants, others by the native administration. The treatment of such patients in hospitals and dispensaries is necessarily an unsatisfactory one, as they do not attend regularly.

There are a number of institutions for the training of native helpers. In Yaba, the neighborhood of Lagos is a school for the training of medical assistants. Such training lasts five years. Theory is supplemented by practice in the hospitals of Lagos, and at the close of the course the men so trained prove valuable assistants to the government doctors in the native hospitals, where they are employed.

Nigeria has twelve European hospitals, and about sixty native hospitals; its population is about twenty millions. Provisions for hospitalization are, of course, inadequate, in spite of the many dispensaries, where the natives may get treatment and medicine. For the staffing of dispensaries there are special courses of three years' duration. Those who finish this training conduct dispensaries in the bush under the supervision of government doctors. A course of the same length is offered for sanitary inspectors, who supervise hygienic arrangements: In the larger cities there is running water and sanitation; in the bush, the government constructs wells at great expense. Summer courses in hygiene are held especially for teachers, and it is a subject that is taught in the schools. Yet in spite of all these efforts, the hygienic conditions are still unfavorable.

A great number of young mothers die every year; thus the training of mid-wives is of great importance. It is a task left largely to the maternity hospitals. Native administrations and mission societies of different denominations co-



—Courtesy Colonial Magazine.

The last stage of sleeping sickness—emaciation.

operate in the moral and professional training of suitable candidates. It is for the future to show how these students will prove themselves in competition with the powerful witch-wives!

Seeing is believing! Only by demonstrating and proving to the natives that witchcraft and superstitution can be replaced by something better and more effective can the faith in fetishes and spirits be uprooted. The mission doctor is in a favorable position in this respect.

Sister, Ekta Shada Blouse Dao

(Sister, give me a white blouse)

By

SISTER M. HELEN, S.C.M.M., R.N.

Provision of adequate clothing for the poor is one of the problems which confront the Medical Mission Sisters in their Center work in India.

"Ma, I need a warm blouse—a warm, white blouse." Half-blind Buniya looked toward me, pleadingly. "Ma, it is getting very cold." And something inside of me tumbled upside down. For Buniya had done more than present a request; she had brought us face to face with a problem, which we had almost forgotten in the busy-ness of the past two months.

Buniya was a Rishi woman, and she had called us "Ma." Therein lay a volume of history—and obligation. The Rishis are leather workers, and consequently very low on the Hindu social scale. They handle the hides of the cow, which is sacred. The men do the tanning, each in the front room of his little mud hut, which serves as his workshop. The women also lend a hand in the preparation. The leather is cut, and shaped into sandals, which are generally worn instead of shoes in India. All the work is done by hand, with the aid of a few crude implements. Profits do not pour in; the average daily income is a few annas—enough to permit the eating of rice twice between sunrise and sunset, but scarcely sufficient to provide warm clothing.

And warm clothing is needed in Dacca during the cold season. Already by mid-November, the mornings and evenings are quite chilly, and during December and January the days are so cold that a warm woolen wrap becomes not a luxury, but a necessity. But our poor Rishi women come to the center clad only in their ordinary thin cotton blouses and threadbare saris. Not one of them can afford to own a warm shawl or sweater—they can only shiver and somehow endure.

Such is the history that lies behind the request of Buniya, the Rishi woman, for a warm blouse. As for the obligation—Buniya had called me "Ma." That is a Bengali colloquial form for "mother." Poor Buniya! It would have seemed more fitting if I had been calling her, "Mother," and yet she was indeed as dependent as a little child. A cataract blinded one eye, and the other was not fit to do duty for both. She visited us regularly, at the Center and for months we had tried to persuade her to come to the hospital for an operation, but her fear of surgery was equalled only by her faith in argyrol. She would watch us put drops of the latter, and boric acid, into the eyes of other patients, and then come in her turn to stroke our hands (a Bengali gesture of affection), and assure us in soft, persuasive words that the medicine must cure her eyes, too, when it comes from the hand of the good sister, from "Ma."

Such was the trust, the dependence of Buniya—and she was only one of about four hundred Rishi families that lived in this section. We had tried to meet this annual predicament by establishing sewing classes at the Center. Theoretically, the solution should have been a complete success. We provided the material, and the women not only acquired warm clothes, but at the same time learned a useful art, the art of using a needle. Surely they should be eager to take advantage of such an opportunity, eager to make neat, warm garments for those for whom they must care. It is even an honor to be taught to sew—Indian girls may learn stitching in school, but schools are only for the higher classes, not for Rishi women. Appreciative these little mothers and widows certainly were, but for all their good will, they did not seem to

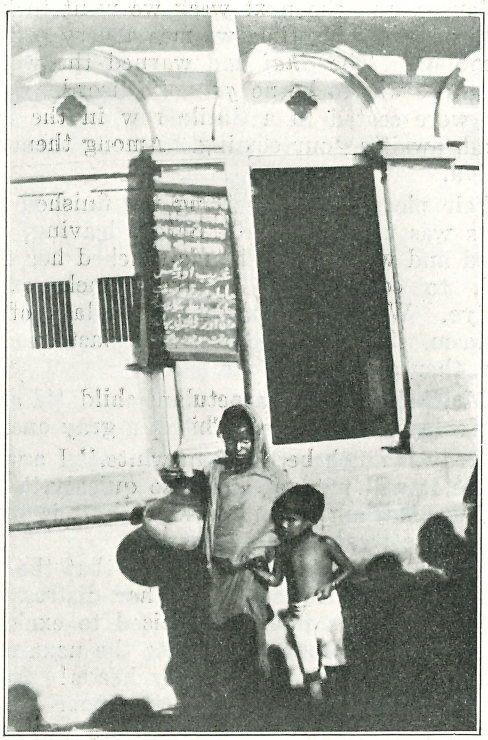
take easily to needlework. Those who had children brought them with them to the classes. Instructions had to be interrupted when it was baby's mealtime. This one could come only once in two weeks, this one once a month, this one must leave now to prepare the meal for her husband. Could they not take the garments home with them, and finish them there? And when the request was granted, results were dubious. One broke her needle, or lost it; another ran short of thread, and almost all, consumed with the desire to finish as soon as possible so that the next garment might be begun for the next shiverer on the family list, accomplished their task with more haste than precision.

Still, we had kept up the work, and each fall materials were purchased, then cut and stitched together under supervision at the Center. But this year—there was Buniya's request to remind us that we had failed in fulfilling our obligation: "Ma, it is very cold, and I have no blouse!" It was December already, and for the last six weeks, because of extra duties at the hospital, we had been unable to conduct the sewing classes at the Center. Now our Rishis were standing with chattering teeth—"Sister," I told Sister Thomas, "we must get them warm garments quickly. We will get the material and cut it out, and let the women do the sewing in their own homes."

Happy in the solution we had decided upon, we bought several bolts of bright red jute flannel (it is the favorite color) and with the help of a *dorji* (tailor), cut out almost a hundred blouses and dresses. The next thing was to assemble those who were most in need of help. We called upon the *dhai* who was in charge of the Welfare Center to collect those who were most needy, and then set out to make distribution.

Our troubles had barely begun! Instead of walking into the midst of a few mild and expectant Rishis, we were confronted by a milling mob, not only of women, but of men, too, and even street beggars, distinguishable by the filthy rags which covered their bodies, and their matted hair. Evidently word had gotten about that we were going to distribute warm clothing free. The result was characteristic!

Sister Thomas and I made our way into the little building and then consulted as to what should be done. We decided to try to separate some of our little Rishi mothers from the crowd, and succeeded in getting a few through the door. These received their precious bundles of material and made their exit by another door. At this point the crowd in the rear became restless, and a few of the bolder pushed their way to the front and forced the door open. We called for help to our carriage driver, a burly Mohammedan who was waiting in a little shop just across the alley, and he came rushing to our assistance with two other men. The intruders were pushed out and barred out—they even seemed a little "put out"!—but they were not discouraged. Fortunately the windows had bars, not glass panes, or they would have been broken in an instant. One little Rishi woman made her way to the opening, we handed out to her the allotted parcel, but almost before she could touch it, it was snatched away. Some of the more agile began to climb up the window bars like monkeys. We saw one wizened old beggar woman, having attained a perch above the sill, deliberately stick her big toe into the



Narindia Health Center, Dacca. Notice the bars on the windows!

eye of a woman below her. It really was not a funny situation, and both Sister and I became a bit alarmed. We tried to ignore the crowd, pretending that nothing would be given out, and going on about our work. The pounding persisted, as did the shouts for *gorm kapra* (warm clothes). Finally we threatened to call the police. The word spread quickly: "The Mem sahibs are angry! They are calling the police!" With relief we saw the cluster melting away.

But we had learned our lesson. There could be no general distribution. Instead we decided to commission the *dhai* to give out the clothes when she was distributing the milk which is given free to the poorest of the poor. Each mother and child was to get a warm garment, and so it was done—but the *dhai* had a further report to make. There were a number of old

women—old "Buniya's"—who were unable to sew. She totalled them up for us—there were about twenty-five. We wrote each name on a slip of paper, signed it, and instructed the *dhai* to give them out to the owners, with directions to bring them to the Center the following week. Only those having slips would be given blouses.

This time we invested in gray jute flannel. Most of these old ladies were widows, and they may not wear bright colors. Strictly, they are supposed to wear white, but the gray was not absolutely prohibited, and in view of laundering habits, it seemed much more serviceable. Our hospital *dorji* made up the required number of blouses, and the next week we went to keep our promise. This time we met a very orderly assemblage. The *dhai* had warned the women that there was to be no *galmol* (disorder), and they were seated in a docile row in the compound, awaiting our coming. Among them was Buniya.

Their pleasure in receiving the finished garments was unmistakable. Before leaving, each bowed and with folded hands touched her forehead, to convey her thanks. Each—except Buniya. We were puzzled by her lack of enthusiasm. She lingered until the last one had gone, then came up to me.

"Ma," she was like a petulant child, "I asked you for a white blouse. This is a gray one."

"Gray is much better than white," I assured her. "It will not get soiled so quickly."

"But, Ma, am I not a widow, and is it not my rule to wear white?"

Buniya could not be persuaded that the substitution was permissible, and her distress was so keen, that we finally promised to exchange her gray blouse for a white one the next week. Alas, for busy hands and busy heads! In the preoccupation of hospital routine, poor Buniya slipped our minds entirely, and we were half way to the Center when we remembered our promise. Nothing daunted, we stepped confidently into one of the nearby shops to make the purchase. There were green blouses and red ones and yellow ones and blue ones, but the only thing we could find that was white, was a little undershirt with long sleeves. It was warm, it was white, it would certainly be better than nothing—and triumphantly we carried it to the waiting Buniya. Again our gift was received without emotion, though this time there was no comment, and we felt satisfied that we had done our part.

The next week, Buniya appeared as usual—but not wearing the shirt. It was a cold day—we asked her why she was not using the gift we had brought her. She began to cry. The blouse had been stolen from her! There was only one way to comfort her: we promised to bring a nice, new, warm white blouse with us the next week. Buniya was satisfied—but she could not let well enough alone. Throughout the afternoon she lingered on, begging for medicine for her eyes in her weak, whining voice, and frequently reminding us not to forget her blouse the next week. It was one of these reminders that was overheard by another patient. The latter turned to me: "Sister, don't give her a blouse. She sold the shirt you gave her last week."

Buniya's whine became a fierce shout such as we did not think her capable of mustering. "She is lying! She is jealous because she did not get a blouse!"

The patient was persistent. "She *did* sell it, Sister, and got eight annas for it."

Again Buniya protested. The shirt had been stolen while she was asleep. We remembered that she had not liked the shirt. The things one does not treasure sometimes have a way of disappearing in circumstances like these—Sister and I decided to ignore her, and kept on with our work. Buniya was not to be ignored. Soon she was beside us, stroking our hands, cajoling. Surely we could not refuse to give her the warm, white blouse we had promised! Poor soul! She had her heart so set on it! So at last we promised to make one for her.

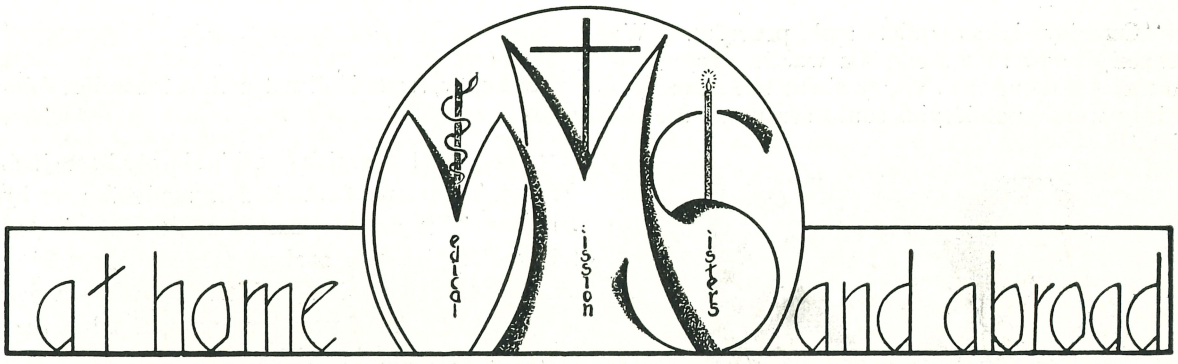
On our next trip, the presentation was made. So delighted was Buniya that she scarcely heard our solemn warning to take good care of it as she would not get another! She showered us with the blessings of Ram, Khrishna and Hori.

Strangely enough, the blouse has never been stolen. Perhaps Buniya has undertaken a reform of life! Strangely, too, she no longer seems avid for custom! The blouse has long since ceased to be white, or even gray! It is looking a little worn in places. Bony elbows are beginning to poke through the sleeves—but soon the hot season will have come and gone and then, once more, December. But of course, Buniya has no moth balls or cedar chest. There is only one sequence:

"Sister, Ekta shada blouse dao!"

Our Cover

With the beginning of the New Year—and the first Number of the New Volume—we bring to our readers a new cover design, also. The small triangle holds an epitome of the Medical Mission Apostolate: At the top, the Cross is visible, symbol of Faith; below it, in the background, the outlines of the Anchor of Hope are distinguishable behind the Lamp, whose glowing flame sends rays in all directions—the Lamp of Charity. Twined around the Cross are the serpents which from ancient times have been used as a badge of the medical profession. And so we have Faith, Hope, and Charity finding their expression, for the Medical Missionary, in the service of the sick and suffering.



America

Medical Mission House
8400 Pine Road
Fox Chase, Philadelphia, Pa.

Medical Mission House
Box 4405
Brookland, Washington, D. C.

Do you remember the words of the poet:

"What heart could have thought you?—
Past our devisal
(O filigree petal!)
Fashioned so purely,
Fragilely, surely,
From what Paradisal
Imagineless metal,
Too costly for cost?
Who hammered you, wrought you,
From argentine vapour?"

It was "To a Snowflake" that Francis Thompson addressed his question, and the reply comes in soft, swishing rhythm:

"God was my shaper.
Passing surmisal,
He hammered, He wrought me,
From curled silver vapour,
To lust of His mind:—
Thou could'st not have thought me! . . ."

So our holidays, or better yet, our "holy days," have slipped by, one by one, like snowflakes, following each other with a gentle regularity, each exquisitely different, yet massing together to form a seamless Cinderella gown that transformed drab week-days into fairy queens, and then, in the sunlight of daily routine, swiftly and silently disappeared!

To describe a heap of snow is not so difficult; to create word pictures of the little bits which make up the heap would take as many etchings as there are flakes. So, too, in broad terms, it is easy to say that the holiday season has been happy and full and blessed, but the individual days which made up that season? "Filigree petals, fashioned so purely, fragilely, surely"—such treasures are delicate! It is enough to possess them, to say simply with Thompson:

"God was their shaper. . . .
Thou could'st not have thought them!"

New Chimneys and Hearthstones!

Evidently old Santa had been keeping tabs on the Medical Mission Family, because there was neither hitch nor hesitation in his delivery service! Both the Philadelphia and Washington families were remembered, and remembered generously, by him and his helpmates!

The larger family was, of course, in Philadelphia. Novices, postulants and professed, numbering thirty-six in all, sang the Midnight Mass, offered in our chapel by the Rev. John O'Rourke, C.S.C., our chaplain. Two of our internes, Dr. Elise Wijnen and Dr. Isabel Schmitz-Dumont, both from Philadelphia hospitals, the former at Philadelphia General and the latter at St. Mary's, had arranged their "hours" so as to be able to swell the chorus.

Dr. Leonie Tummers, who is interning at St. Joseph's Hospital in Baltimore, Md., joined the Washington group, as did the three student nurses, Sisters M. Theophane, Michael and Rose, from Providence Hospital in Washington, and so there were thirteen Medical Missionaries to chant the Midnight Mass in the Washington chapel, and to sing carols during the two low Masses which followed.

In both houses, the days which followed were days of joy—visitors, good wishes, good cheer—and gifts. Our friends have been most generous. To each and every one who has given us either spiritual or temporal presents—or both, may we say a deep, sincere, "Thank you."

Europe

Medical Mission House
Osterley, Middlesex, England

Medical Mission House
Heerlen, Holland

Christmas news has not yet come from across the waters. Even ordinary letters have been sparse. But from Sister M. Lourdes at Osterley we have a pre-holiday note:

"Osterley is so quiet and peaceful. We scarcely know that there is a war in progress—so there is no need to worry about us! You certainly would not if you could see us at recreation!"

Sister Madeleine Sophie, the Mistress of Postulants in Heerlen, who is "eating Dutch sandwiches as if she had never seen bacon and eggs!"

Accommodation

And now from Holland a line from Dr. Lippits:

"The altar has arrived and is simply beautiful. Father Tummers, O.P., had it made for us by Brother Thomas. It had a most complicated trip before its safe arrival (due to the taking over of transportation facilities by the government in the light of war developments), but that is a story for another time.

"Our chapel will be all ready by November 22, and on the Feast of St. John of the Cross, His Excellency, Bishop Lemmens, will offer the first Mass. It will be a glorious day for all of us!

"On November 21 two postulants will come. In January we will be full, including the attic! Even for the first Mass, we shall have to seek refuge in the corridor—in regular Medical Missionary style!

"Sister Madeleine Sophie is already quite at home, and is eating Dutch sandwiches as if she had never seen bacon and eggs!"

India

Holy Family Hospital
Murree Road, Rawalpindi

Mitford Municipal Hospital
Dacca, Bengal

From India, too, Christmas news will not arrive until February—or perhaps, what with censorship and shipping delays, even March! But at least the letters with Christmas greetings got here safe and sound! Sister M. Virginia writes:

"Salaam! Happy Feast! Or perhaps I should say, 'I hope you had a Happy Feast!' From what I hear of the delivery system from East to West, it is not so fast! We are getting our mail here every two months—when we get it!—and most of us are forgetting what an American postage stamp even looks like! Well, anyway, the war won't last forever—we hope!

At Least a Corsage!

"I am on night duty, now, but will be off again in a few more days. St. Theresa let fall her shower of roses in the form of three baby girls last night! By the time the third arrived, I was beginning to wonder if she were intending to stop there, or was going to send a whole bouquet! Two of the new arrivals were Indians, the third, an Anglo-Indian, whose mother announced that the little one should be called 'Therese.' The baby weighed seven pounds, so the Little Flower ought to be proud of her!"

"Before and After"—and it's nice, because it's real!

A week later, Sister Virginia writes again: "I'm back in the nursery, and enjoying every minute of the day. You would love our babies. For instance, there is Ali—has anyone told you about him? His real name, of course, is 'Allah Mohammed,' but we call him just 'Ali.' He came way last June, a little dried up mite, all skin and bones, weighing eleven pounds and some few ounces, with draining ears and eyes, bow legs, pot tummy, etc., etc., etc. An old man brought him into the nursery—I was working there at that time, too—and popped him into my arms. When he informed me that the little tyke was two years old, I almost dropped the fragile bundle!

"But you should see Ali now! He weighs about eighteen pounds, his eyes and ears are all cleared up, and he laughs and talks and races all over the place! Tomorrow morning he is leaving us to go to St. Catherine's, the orphanage

conducted by the Franciscan Missionaries of Mary. I do hate to see him go, but then again, I am glad, because there he will be with other children who can talk to him.''

. . . dried up little mites, all skin and bones . . .

More Rosebuds

In the same post Sister M. Stephanie begins on the ''sober side''—and then ends up with ''flowers!'': ''Examinations are going on here in Pindi just now. The first sitting was on the Feast of the Little Flower, and today the two senior Bengalis will write their midwifery paper. (Sister Stephanie supervises and teaches the student-midwives.) A week from Monday our Sisters—seven of them—will be in Lahore for their examinations, and then our family will become smaller, I believe. Sisters M. Therese and Thomas will return to Dacca, and then, Patna? We are having much fun guessing who will be the pioneers!

''The Feast of the Little Flower was duly celebrated, as we could not have Mass on the thirtieth of September. I even closed the Center for the day—and had no call, either! There was a shower of babies during the night preceding her feast—and the Ajmere Sisters prepared a shower of roses for the day. Each one of us in the house received a little rosebud, either pink or white! It was a real downpour!''

Examinations—in Detail!

Sister Margaret Mary gives us more of the examination schedule: ''The seven 'midwives-to-be' left for Lahore on October 15. The two from Dacca went directly home, and the other five returned this morning, tired after sitting up all the way back.

''Late this evening the practical examiner will arrive to conduct the practical tests on the 19th and 20th—that leaves only one more examination for this season, the 'practical' for the two Bengali midwives, which will be left for October 30 or 31.

East, West—Home's best!

''The Bengali Sisters sang the high Mass yesterday, and afterwards insisted that I sit on their improvised 'throne' during three songs—*and* an address! The latter began with wishes for this thing and that thing, and ended up with the very definite wish that this would be the last time they would be in Pindi for October 17, with an additional paragraph on how glad they would be to return to Bengal!''

HOSPITAL LAB.

(*Continued from page* 7)

are examined microscopically. The pathologist reports to the doctor on the type and the malignancy of the tumor, and on the severity of the inflammation. Just a precaution—the majority aren't cancerous. How can we tell? The cancerous tissue has cells of a different kind, and the arrangement of them is different from the normal tissue. A specialist can see the difference.

Surely, I'd be glad to show you a diptheria slide. I did promise, didn't I? Let me introduce you to David Hills, our bacteriologist. Have you a diptheria slide, Dave? That's good. Here's one made up this morning from one of the culture tubes you saw in the incubator. There you are. Sure it's blue. We have to stain the organism so you can see it. Don't be alarmed; it's dead. You can't see it? Look closely—there, a bit off center to the right. Yes, there you have them—the little curved rods. Corynebacterium Diptheriae, is their fancy name. Dave tells me he has a good T.B. slide from what was a suspected case of tuberculosis. Would you like to see it? This slide is red. Different organisms take the various dyes differently, so we can't always use the same one. The tubercle bacilli are those thin sticks, piled up like a few matches. Hm, well, they may not look so dangerous, but you'd better not tell that to someone who has them!

Indeed there are many many bacteria. Luckily for us, though, most of them are quite harmless and a goodly number are very useful. Surely, there are nice respectable bacteria. For example, those that make the various kinds of cheeses, or those that sour milk.

You're quite right. That clock did strike twelve. You must be hungry and tired. Oh, it's been a pleasure to have you. Come again some time. Goodbye. I enjoyed it immensely. You see, I'm very fond of my lab.

Medical Mission Notes

Work in North Rhodesia

We have received a leaflet describing the work of the Hospital of St. Joan of Arc, Chilubi, P. O. Luvingu, N. Rhodesia. Dr. Jean Meiklejohn has been doing magnificent work here since 1936.

The Mission is situated on an island set in the middle of a lake and inhabited by 10,000 souls. There are many more inhabited islands nearby and in addition 70,000 people live along the lake shore, seven hours' journey away.

The White Fathers have brought them the Faith and Dr. Jean Meiklejohn is bringing them health. Though she has lost the use of her right hand in the course of her work, she is carrying on.—*The Catholic Medical Guardian,* October, 1939.

From Salisbury Vicariate, Rhodesia

At M'toko the dispensary is going splendidly, with 1,742 cases attended to during the first six months of the year. The Native Commissioner and the doctor are so pleased with the work of the Dominican Sister-in-charge, that they wish them to open a dispensary in the M'kota Reserve, right up on the Portuguese border, and have seen the Chief Medical Director about it in Salisbury.

"I have one school up there," writes Father Ketterer, "and hope to open another at the end of this year. With the Sisters as nurses it would mean a new mission-station among 7,000 natives of the Sena tribe, originally from Portuguese East, who took refuge across our border some years ago, when there was trouble in Portuguese East. . . ."

It is sincerely to be hoped that better news will soon come from the Gokomere station, which has suffered so terribly from both drought and flood. About £200 was spent by Father Gits on food for the natives. The sum had been saved carefully in order to light the mission with electricity and build a hospital.—*The Missionary Magazine in Aid of the English Jesuit Missionaries,* October, 1939.

Fu Jen's New Dispensary

Latest venture of the Sociology Department of the Catholic University of Peking is a free dispensary to give medical aid to the needy, especially to women and children. The actual work of the dispensary will be undertaken by the Sisters Servants of the Holy Ghost, who also conduct the Women's Section of the University.—*The Christian Family,* December, 1939.

North China Floods

Only in months to come will the appalling disaster of the North China floods be appreciated in all its magnitude. . . . In Tientsin practically all the works of the mission were paralyzed. The Cathedral was flooded so that the pews were floating in six feet of water. . . . The mission hospital had also to be evacuated while the orphans of the Holy Childhood were sent to Peking together with most of the Sisters.

An extremely painful and dangerous feature of the flood situation is the total lack of pure water for drinking purposes, and grave fears are entertained for public health. No fewer than 3,000,000 people are said to be affected, while 600,000 are described in a local daily as homeless.—*The Christian Family,* December, 1939.

Treatment of Carbuncle

Carbuncle is a common affection in India, especially during the summer months. It occurs mostly in cases where the body resistance is low, such as in diabetes or chronic nephritis, but sometimes it is seen in otherwise healthy people. —*Calcutta Medical Journal,* August, 1939.

Cultivating Cinchona

The Imperial Council of Agricultural Research has arranged and financed an investigation whose purpose is to find suitable areas for the cultivation of *cinchona,* from which quinine is made. Most of India's quinine is imported from Java, although India contains enough first-class land for an early resumption of *cinchona* growing.—*The Indian Medical Gazette,* August, 1939.

Further Studies on the Serum Treatment of Typhoid Fever

Several series of clinical trials substantiate previous reports, that the new anti-typhoid serum is definitely beneficial. The effect of the serum on toxemia was more striking and constant than on fever. The good results obtained justify its routine employment in typhoid fever, more especially if toxemia features are in evidence.—*Chinese Medical Journal,* July, 1939.

Giardiasis

Giardiasis is one of the most common infections of young children in India, especially in Bengal. It is a common cause of acute or chronic indigestion, anemia, malnutrition, maldevelopment and pain in the abdomen and joints. Health education of parents is the best method for prevention and eradication of this infection.—*Indian Journal of Pediatrics,* July, 1939.

In Our Library

THIS WAY TO HEAVEN, *by Paul Hanly Furfey. The Preservation Press, Silver Spring, Md.,* 1939. 209 *pp.* $2.00.

"But he is an extremist." Thus will many dismiss the suggestion that *This Way to Heaven* has a message for them. Perhaps he is! But so was Christ, Who went to the very extreme in His love for us and Who asks those who dare, to go to the extreme in their love for Him. *This Way to Heaven* shows the path of self-renunciation that leads to Christ and invites us to travel it. It is not possible for a sincere lover of Christ, for one who truly wants to do His Will, to read the book without wanting also to be an "extremist"—to go the very limit in loving and serving Christ, in being perfect "as also your heavenly Father is perfect." Certainly no one can read Father Furfey's description of the "Christian Moderate" and wish to be so labeled on the day of judgment.

Preservation Press is to be congratulated on the format and style of the book. It is attractively done and easily read.

WAYSIDE IDYLS, *by Mary Mabel Wirries. Ave Maria Press, Notre Dame, Ind.,* 1939. 232 *pp.* $1.00.

This little volume contains 54 short essays touching on the experiences of everyday life from childhood to old age. They open up the treasure house of memory, and in the delightful pages of *Wayside Idyls* one lives again the joys and even the sweetened sorrows of days gone by (for time does sweeten sorrows as we travel the path of life to our true country).

Wayside Idyls is one of those little books one likes to leave close-by so that one may open it at random when the mood comes, and enjoy its happy reminiscing.

APOSTLE OF CHARITY, *by Theodore Maynard. The Dial Press. New York,* 1939. $3.00.

All too often writers of the lives of saints would have us believe that their subjects came ready made. But in this life of St. Vincent de Paul, Mr. Maynard dares to tell us that the former not only was not born a saint, but did not even attain to sanctity's heights until he was well along in years and then reached them only by fighting long and hard battles, and by learning to cooperate with God's grace!

The author gives us much of the historical background of the day, since this had a profound effect on Vincent's life and work. In many instances, however, Mr. Maynard refutes claims made in earlier biographies. These refutations occasionally mar the smoothness of the volume and might better have been left as footnotes. However, with this exception, the book is both beautifully and interestingly written, and is easily one of the finest lives of this very lovable "Apostle of Charity."

OUR LAND AND OUR LADY, *by Daniel Sargent. Longmans, Green & Co. New York,* 1939. 263 *pp.* $2.50.

Our Land and Our Lady is an historical sketch tracing the part Our Lady has played in American life from the day when the *Santa Maria* set sail toward our shores.

Mr. Sargent follows the various explorers as they went about their work, dedicating here a river, there an outpost, to Our Lady—placing them under her protecting mantle. The Spanish, the French, the English—all honored Mary in their settlements, and finally the Bishops of the country placed the entire United States under the patronage of Our Lady of the Immaculate Conception.

The author gives us glimpses of the trials and persecutions the Catholics endured here in the United States during the first half of the nineteenth century—persecutions that brought American Catholics closer to the Mother of God—and finally he traces Our Lady's hand in the desire of many of our young Americans to share the light of Faith with those of other lands who do not know her Divine Son.

Catholics and non-Catholics as well will like to know of the many ways in which Our Lady has protected and guarded our land.

> **The Gentiles shall walk in thy light, and kings in the brightness of thy rising . . . Then shalt thou see and abound. . . when the multitude of the sea shall be converted to thee, the strength of the Gentiles shall come to thee.--From the Epistle for Epiphany.**

January Mission Intention

For Christians in the Missions Who Are Separated from the True Church

At home we have grown accustomed—too accustomed—to the spiritual disablement known as Protestantism. We take it as a matter of course that some of our acquaintances are non-Catholic Christians. Better far that they be so, than that they be agnostics or atheists. Their Protestantism does no direct harm to other people, save where some sects by devious measures proselytize among the poor and uneducated or (what is more common) where bigotry makes Catholics pay social and economic penalties. But a doctrinal conversion of Catholic to Protestant rarely, if ever, happens. Meanwhile our Protestant neighbors derive support from the historic Catholic tradition and they, in turn, often help to maintain it. Their Christianity contains a precious fragment from the sacred rock of truth. There are, indeed, Protestants who make better use of their fragment than some Catholics make of the whole.

In mission lands, however, the "Reformation" constantly appears as a raw, a deepening and a dangerous wound. There, while still appreciating the sincerity of Protestants, you are painfully conscious of the spiritual loss and injury that Protestantism means for themselves and for the world.

As at home, Protestants in Asia, Africa and Oceania have a multiplicity of Churches, differing from each other, yet all alike in having the same fundamental flaw that explains the present divisions and promises still more. Sometimes, to achieve a measure of unity, some of them band together but, obviously, real union can be achieved only when some doctrine is minimized or abandoned. Once a Church is unsure of its own teaching or treats doctrine as something of no great consequence, it surrenders its claim to have a religion for rational men. The human mind needs truth and is incapable of being satisfied with doubt or contradictions. Even within individual Protestant Churches doctrinal conflict and confusion reign in mission lands, as at home. In China eighteen years ago, four out of every ten Protestant missionaries had gone into various forms of social service and education, as distinct from evangelization. The emphasis on the spiritual is ever lessening, and the reason is the ever increasing doctrinal weakness that Protestantism engenders. One cannot fail to notice that some modern Protestant missionary writers seem ill-at-ease with such subjects as the immortality of the soul, heaven and hell, sin and judgment. A minority at the Madras meeting (1938) of the International Missionary Council, a representative Protestant body, issued a report lamenting the inadequate expression given by the assembly to the eschatological truths—what we would call the "Four Last Things."

All this constitutes a scandal and a barrier to the non-Christian millions. First, a multiplicity of Churches, giving "a much divided witness to Christ," makes Christianity appear to contradict itself. They literally misrepresent the Gospel, and before the pagan world they act as a standing argument against the Christian religion. Of course there is a complete answer to that argument, but what a task it is to make the answer as widely known as the situation that calls for it! Secondly, by their retreat from the spiritual, their disparagement of the eternal, many modern exponents of Protestantism are not only diluting the Gospel but actually denying it while claiming to preach it.

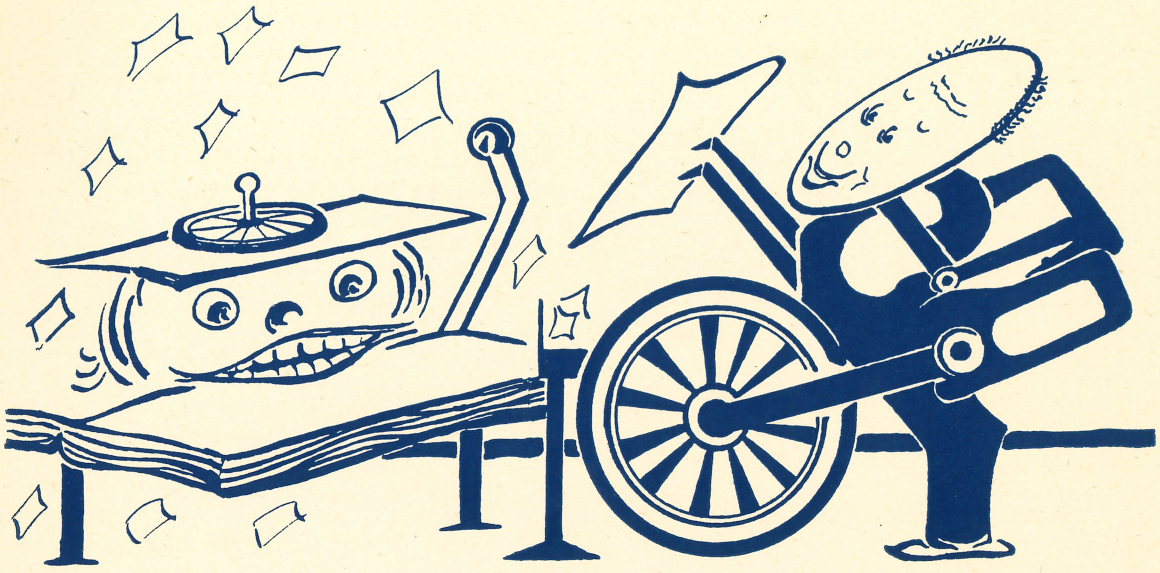
The Protestants in mission lands include, of course, the missionaries. Many of these are men and women of exceptionally high character and ability. The Protestant medical missionaries have often rendered invaluable service to Catholic priests. It is tragic that the zeal and talents of these workers are furthering only partial truth and are incorporated in a decaying system. Some Protestant missionaries have been converted to the Faith and as Catholics have shown what might have been, if the virtues of all had come to full flower in the open sunlight of the whole Truth, the Mass and the sacraments.

Other non-Catholic Christians in mission lands include the Jacobites of Malabar, India. These are schismatics, have a valid priesthood and are counted among the "Eastern" Churches. In 1930 two of their bishops were re-united with the Holy See; in 1937 another submitted to the Successor of St. Peter. Priests and people followed the example of their bishops. In seven years 23,000 Jacobites were converted and the movement continues. There are still more than half a million in schism.

In various centers of the missionary world you will meet, among the foreign residents, members of the Greek, Armenian, Russian and other Orthodox Churches. For instance, you will find Greek Orthodox in Cairo, Egypt; Armenians in Tientsin, China; Russians in Shanghai and Harbin. At best, these non-Catholic Christians suffer the loss of being outside the True Fold. In exile their spiritual needs are often greater, though, at the same time, it is easier for Catholic influence to reach them. Hence (for example) the Sisters of St. Columban can labor among Russian Orthodox girls in Shanghai and the Maryknoll Sisters can work among them in Harbin as they never could in Russia.

It is indeed an important commission that the Holy Father has given us this month in bidding us pray for "Christians in mission lands who are separated from the True Church."—THE REV. PATRICK O'CONNOR, *Editor of "The Far East."*

It Takes Two To Make A Fight?



. . . Oh! But you're wrong!

You have the number right—
But not the song!
Here's a better little line
To say instead:
It takes *two* to make a *pair*—
To get ahead!
It takes two to make ends meet,
To keep awake;
It takes two to catch the swing of
Give and take!
You don't believe it? Then ask Paul
(Our sturdy press),
He's no "sissy," but it wasn't hard
To guess
Why, alone, with scraps for diet,
He grew thin—
Almost "petered out"—when Peter
Pattered in!
Peter's not the prettiest piece
You've ever seen—
Rather *clumsy* to the eye,
But *solid,* keen—
Just the "type" who would appeal
The most of all
To an honest working man,
The like o' Paul!
Now you ought to come and see
The way things go!
Say, they have the spirit proper!
To and fro,
Pete to Paul, and Paul to Pete,
The papers fly:
Paul, he prints 'em, Peter cuts 'em,
Me! Oh my!
They have rhythm, they have vim,
They've "what it takes!"
Working side by side—they're bound
To "get the breaks!"
Sure they may not make the Rose Bowl—
That's a dream,
But Rose Bowl or no! They *are*
A WINNING TEAM!

So "Peter and Paul" are all set for a busy, joyous new year. They are a "winning team," indeed, and wish to add their voices to ours when we say: "Thank you for making it possible to add them to our family, and a Happy New Year to each and every one of you!"

THE MEDICAL MISSION SISTERS.

MEDICAL MISSION SISTERS

PHILADELPHIA, PA.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

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